

**CAPITAL COST ESTIMATE****Massachusetts Department of Public Health - Division of Health Care Quality  
10 West Street, 5th Floor, Boston, MA 02111, (617) 753-8000****FORM 4** <sup>6-2000</sup>

Facility Name: \_\_\_\_\_ DoN Project No.: \_\_\_\_\_ Location: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gr. Sq. Ft.<sup>1</sup> \_\_\_\_\_ #Beds<sup>1</sup> \_\_\_\_\_ \$/Bed<sup>1</sup> \_\_\_\_\_ Sq.Ft./Bed<sup>1</sup> \_\_\_\_\_ (<sup>1</sup>excluding DoN exempt beds and outpatient services)**Category of Expenditure**

	New Construction Approved Costs* ( / )	Renovation Approved Costs* ( / )	New Construction Present Estimates** ( / )	Renovation Present Estimates** ( / )
<b><u>Land Costs:</u></b> (month & year dollars)				
1. Land Acquisition	\$ _____	\$ _____	\$ _____	\$ _____
2. Site Survey and Soil Investigation	\$ _____	\$ _____	\$ _____	\$ _____
3. Other Non-Depreciable Land Development <sup>a</sup>	\$ _____	\$ _____	\$ _____	\$ _____
4. Total Land Costs (Lines 1 through 3)	\$ _____	\$ _____	\$ _____	\$ _____
<b><u>Construction Costs:</u></b>				
5. Depreciable Land Development Cost <sup>b</sup>	\$ _____	\$ _____	\$ _____	\$ _____
6. Building Acquisition Cost	\$ _____	\$ _____	\$ _____	\$ _____
7. Construction Contract (including bonding cost) <u>Use these costs to calculate plan review fee</u>	\$ _____	\$ _____	\$ _____	\$ _____
8. Fixed Equipment Not in Contract	\$ _____	\$ _____	\$ _____	\$ _____
9. Architectural Cost (includes fees, printing, supervision, etc.) and Engineering Cost	\$ _____	\$ _____	\$ _____	\$ _____
10. Pre- filing Planning & Development Costs	\$ _____	\$ _____	\$ _____	\$ _____
11. Post-filing Planning & Development Costs	\$ _____	\$ _____	\$ _____	\$ _____
12. Other (specify):	\$ _____	\$ _____	\$ _____	\$ _____
13. Other (specify):	\$ _____	\$ _____	\$ _____	\$ _____
14. Net Interest Expense During Construction <sup>c</sup>	\$ _____	\$ _____	\$ _____	\$ _____
15. Major Movable Equipment	\$ _____	\$ _____	\$ _____	\$ _____
16. Total Construction Costs (Lines 5 through 15)	\$ _____	\$ _____	\$ _____	\$ _____
<b><u>Financing Costs:</u></b>				
17. Cost of Securing Financing (legal, administrative, feasibility studies, mortgage insurance, printing, etc.)	\$ _____	\$ _____	\$ _____	\$ _____
18. Bond Discount	\$ _____	\$ _____	\$ _____	\$ _____
19. Other (specify):	\$ _____	\$ _____	\$ _____	\$ _____
20. Total Financing Costs (Lines 17 through 19)	\$ _____	\$ _____	\$ _____	\$ _____
21. Estimates Total Capital Expenditure (Line 4 + Line 16 + Line 20)	\$ _____	\$ _____	\$ _____	\$ _____

<sup>a</sup> Examples Other Non-Depreciable Land Development Costs: commissions to agents for purchase of land, attorney fees related to land, demolition of old buildings, clearing and grading, streets, removal of ledge, off-site sewer and water lines, public utility charges necessary to service the land, zoning requirements, and toxic waste removal.

<sup>b</sup> Examples of Depreciable Land Development Costs: construction of parking lots, walkways and walls; on-site septic systems; on-site water and sewer lines; and reasonable and necessary landscaping.

<sup>c</sup> Describe assumptions used in calculating interest rates and costs.

\*Amount Approved by the Public Health Council

\*\*Check as appropriate: ☐ Preliminary ☐ Updated ☐ Final ☐ Post-Final

Inflation Factor Used: \_\_\_\_\_ If Final-Date DPH Final Plan Approval: \_\_\_\_\_

Contract Person: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone #: \_\_\_\_\_